

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

10693

State File No.

FILED APR 7 1954

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 746

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pinelawn 4th.</u> c. LENGTH OF STAY (in this place) <u>4th.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Pinelawn 4th.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Shamrock Nursing Home</u>	
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3. NAME OF DECEASED (Type or Print) <u>Gesualdo Joseph Butera</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1954</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 7, 1871</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired (4th)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Quarry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Aragona Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>
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13a. FATHER'S NAME <u>Francesco Butera</u>	13b. MOTHER'S MAIDEN NAME <u>Carmela (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Butera</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u> (If yes, give war or dates of service) <u>---</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Butera 1223 Twill Ct.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Blind 05</u>		INTERVAL BETWEEN ONSET AND DEATH <u>over 13 months</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 3, 1953, to March 24, 1954, that I last saw the deceased alive on March 23, 1954, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis Littmann M.D.</u>	23b. ADDRESS <u>8231 Clayton Rd (67)</u>	23c. DATE SIGNED <u>3/24/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>March 26, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/24/54</u>	REGISTRAR'S SIGNATURE <u>Hebert R. Donker</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Miceli & Sons Funeral Home</u>
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(Licensed Embalmer's Statement on Reverse Side) 1150 N. Kingshighway

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.